BARRIERS TO CURING HCV AMONG

Coinfected People with HIV

The U.S. Centers for Disease Control and Prevention (CDC) estimates about 25% of people with HIV in the U.S. have hepatitis C virus (HCV) coinfection. HIV/HCV coinfection is a common scenario because of shared risk factors of the viruses.[1] While advanced medical treatment is available for both, HCV therapy is underused and barriers to accessing care persist. Addressing the barriers to HCV therapy for people with HIV is important because:

HIV+HCV

Perinatal HCV transmission is 2x greater among coinfected women [2]

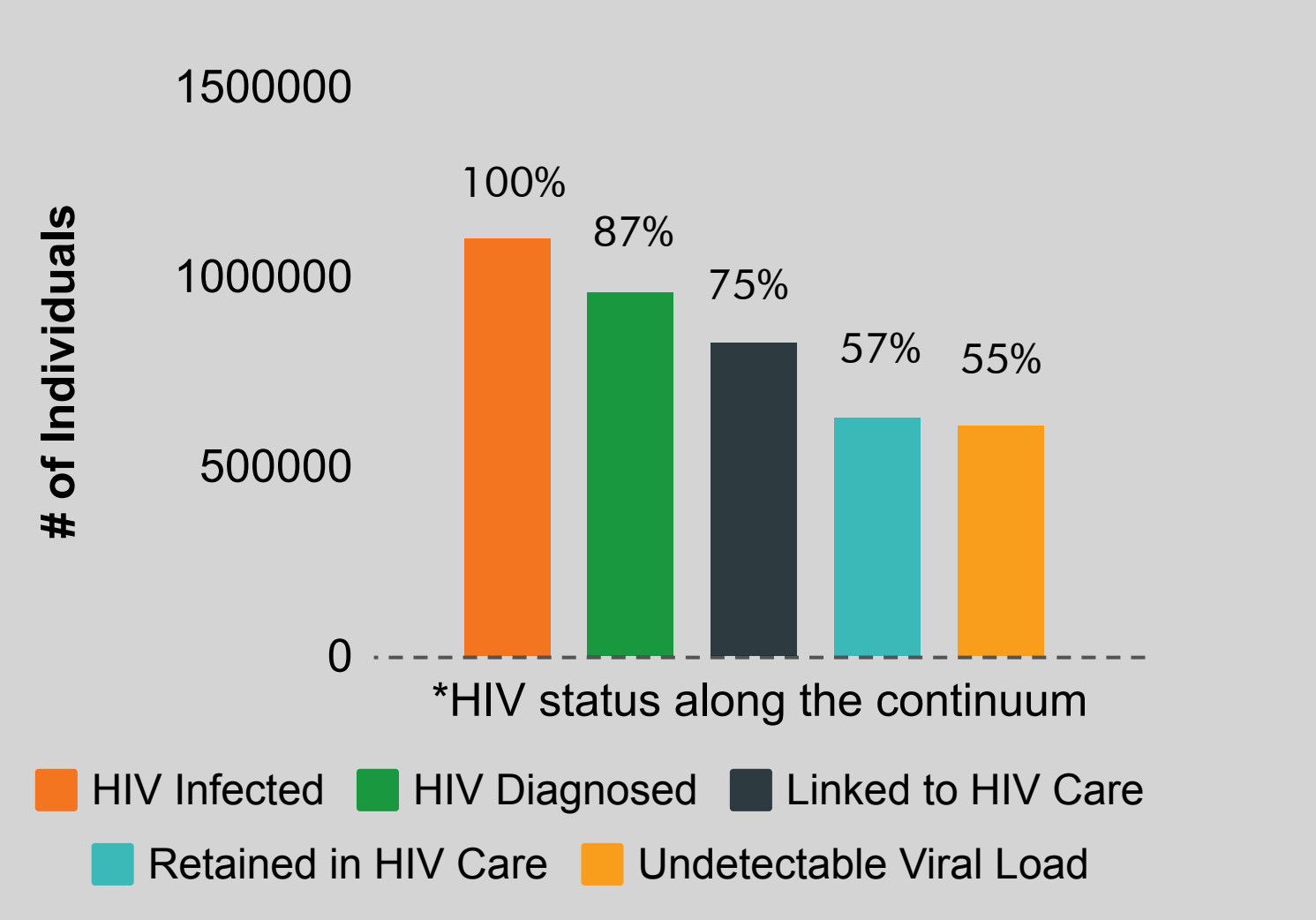
HIV+HCV

The incidence of liver disease has been increasing over the past 15 years in coinfected people with HIV [3]

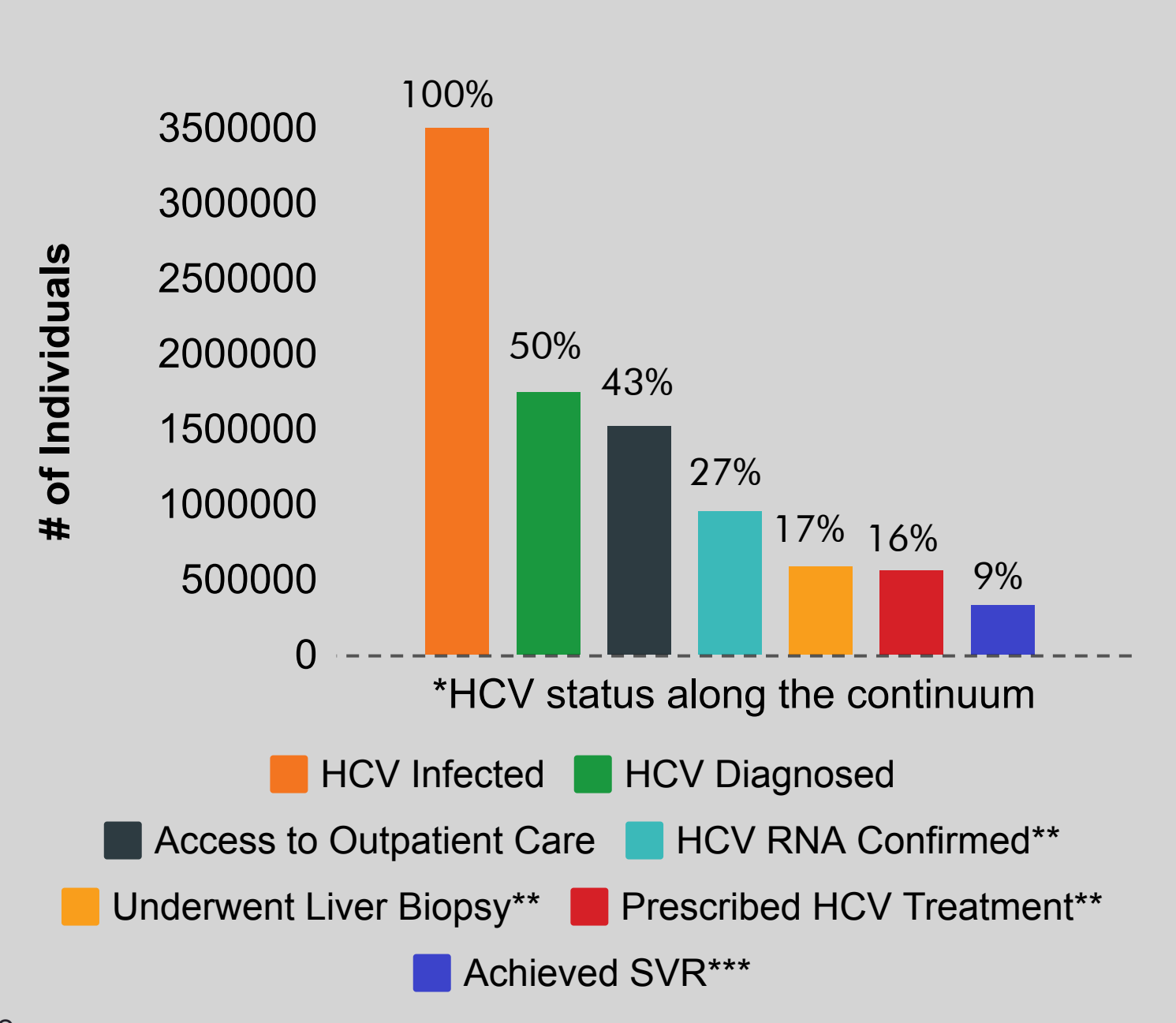
HIV-HCV

Cure of HCV among coinfected people with HIV leads to significant decreases in death, liver disease, and diabetes risk [4]

HIV Care Continuum [5]



HCV Care Continuum [6]



*Estimated
**Calculated as estimated numbers of HCV diagnosed with access to outpatient care
***Calculated as estimated numbers of HCV diagnosed with access to outpatient care & prescribed HCV treatment

Greater disparities in awareness, detection, care and viral suppression exist along the HCV care continuum when compared to the HIV care continuum.

Health Provider Barriers

Inconsistent HCV screening practices may contribute to late diagnosis in people with HIV [7]

INCONSISTENT SCREENING PRACTICES

Only about 1/3 infectious disease (ID) doctors evaluate and/or treat HIV/HCV coinfection [8]

LIMITED EXPERIENCED PROVIDERS

>50% of people with HIV report related stigmatization, while coinfected people with HIV experience additional "layered" stigmatization [9,21]

PROVIDER STIGMA

People with HIV/HCV co-infection are more likely to have medical, psychiatric, and substance abuse comorbidities that could reduce HCV treatment eligibility and initiation [7]

RELUCTANCE TO INITIATE HCV TREATMENT IN PEOPLE WITH HIV

Insurance company requirements may restrict and guide who can prescribe direct-acting antivirals (DAAs), determine what documents and laboratory tests are necessary, and specify criteria for fibrosis staging [10]

RESTRICTIONS FOR PRESCRIBERS

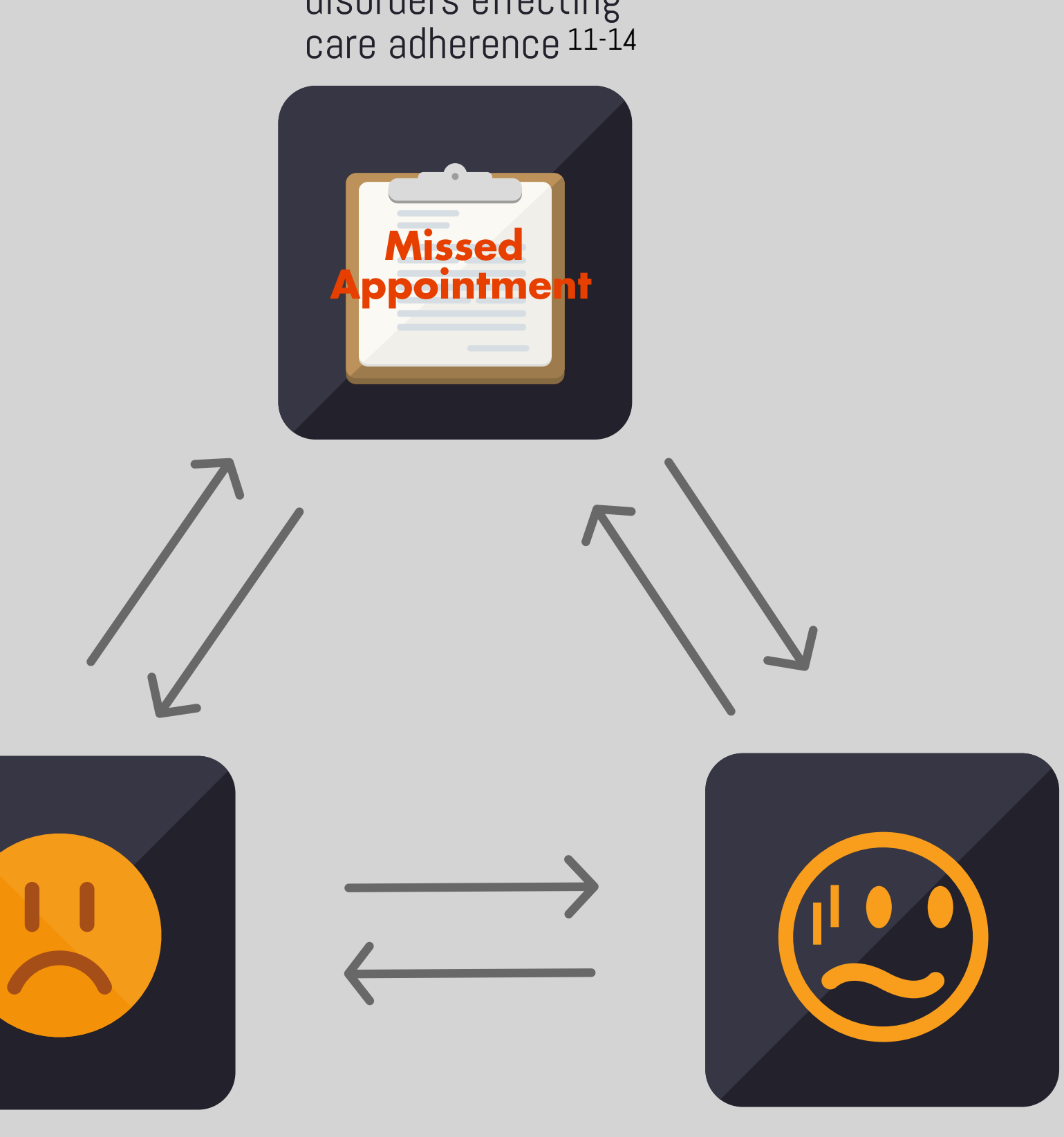
Less than 30% of HIV/HCV coinfected patients in the U.S. are "considered eligible" for HCV treatment

Less than 10% actually receive treatment [11-13]

Patient Barriers

COMORBIDITIES

Substance use and other mental health disorders effecting care adherence [11-14]



SOCIAL DETERMINANTS OF HEALTH

Education, employment, housing stability, stigma and discrimination [18]

PATIENT READINESS

Treatment refusal or fears related to treatment [12,15]

Patient decisions to start treatment are associated with providers who are perceived as trustworthy, nonjudgmental, and accepting. [12,15,16]

Financial & Systems Barriers

HIGH DRUG PRICES

High wholesale prices of HIV and HCV treatment drugs place qualified health plan's standard-of-care medications on the highest co-payment and co-insurance tiers [17]

LIMITED DRUG OPTIONS

There are no generic equivalents to standard-of-care drugs for people with HIV and/or HCV [17]

PRIOR AUTHORIZATION REQUIRED

Many insurance companies require prior authorization for patients to receive medications. Insurance carriers do not have a uniform policy for who qualifies for new DAA treatment [10]

LIMITED PROVIDER REIMBURSEMENTS

Reimbursements available to HCV care providers administering DAA-based therapies are limited [18]

Visit the American Liver Foundation's website for information about cost coverage programs for those without or with limited insurance and high co-payments:

https://liverfoundation.org/for-patients/about-the-liver/diseases-of-the-liver/hepatitis-c/support-for-patients-with-hepatitis-c/

What Should Providers Know?

From the U.S. Dept. of Health and Human Services' Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents.[22]

- All HIV-infected patients should be screened for HCV infection. Patients at high risk of HCV infection should be screened annually and whenever HCV infection is suspected.
- Antiretroviral therapy (ART) may slow the progression of liver disease by preserving or restoring immune function and reducing HIV-related immune activation and inflammation. ART should be initiated in all HCV/HIV-coinfected patients, regardless of CD4 cell count.
- Initial ART regimens recommended for most HCV/HIV-coinfected patients are the same as those recommended for individuals without HCV infection. However, when treatment for both HIV and HCV is indicated, the regimen should be selected with special considerations of potential drug-drug interactions and overlapping toxicities with the HCV treatment regimen.
- Combined treatment of HIV and HCV can be complicated by drug-drug interactions, increased pill burden, and toxicities. Although ART should be initiated for all HCV/HIV-coinfected patients regardless of CD4 cell count, in ART-naive patients with CD4 counts >500 cells/mm3 some clinicians may choose to defer ART until HCV treatment is completed.
- In patients with lower CD4 counts ART should be initiated promptly and HCV therapy may be delayed until the patient is stable on HIV treatment.

Some additional considerations:

- Treatment courses shorter than 12 weeks are not recommended for HIV/HCV coinfected persons. [7]
- Many insurance and state Medicaid programs are only approving DAAs for HCV treatment for patients with severe fibrosis. [10]
- General medical providers may need documentation of consultation support by experts to prescribe DAAs. [10]
- Engage case managers and patient navigators to assist patients with support services and treatment adherence. [20]
- Take advantage of clinical education programs and collaborate with specialists to increase skills and expertise with HIV/HCV treatment and care delivery. [20]
- Providers with more experience and confidence about HCV treatment are more likely to recommend treatment initiation with urgency. [12]

Find more HIV/HCV coinfection education, training curricula and resources at aidsetc.org.

View references here: https://aidsetc.org/resource/barriers-curing-hepatitis-c-virus-among-coinfected-people-hiv-infographic

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